

BHS-025 FORM A AND B JOB AID

Form A- to be used to request changes to the following*:

1. **Name** (Sort name, Last Name, First, Middle Name)
2. **DOB** (date-of-birth)
3. **SSN** (social security number)
4. **Sex** (Gender)
5. **Medi-Cal Policy Number /Effective Date**

*Users should **NOT** make changes to Name, DOB, SSN, and Sex when creating a Demographic Form.

Form B- to be used to request two medical record numbers, for the same person, to be combined.

How to Find Core Client Information (CCI):

1. Search for desired client in CCBH.
2. Once in the client's chart RIGHT click on clients DOB, a small window will pop up.
3. Select "Show Core Client Information."

The screenshot shows a web interface for a client named 'CLIENT TEST', a female born on 01/01/1999. The main content area displays 'County of San Diego Mental Health Services' and 'FACE SHEET'. Below this, there is a 'SAFETY ALERTS' section and a section for 'Allergies and Adverse Medication Reactions' with radio buttons for 'No', 'Unknown/Not Reported', and 'Yes'. A context menu is open over the DOB field, listing options: 'Client Search', 'Client Clear', 'Add Client', 'Edit Core Client Information', 'Show Core Client Information' (highlighted with a black box), and 'Refresh Pane Content'.

4. The CCI will display.

The screenshot shows the 'Core Client Information Maintenance Panel' for client 'TEST, CLIENT'. The panel includes a 'Core Client Information' tab and a 'Refresh' button. The client information is displayed in a form with the following fields: Sort Name (TEST, CLIENT), Case Number (0 or blank for Auto Assign), Last Name (TEST), First (CLIENT), Middle Name, DOB (01/01/1999), Soc Sec #, Ethnicity, Other Hispanic/Lati, Sex (F), Address (230 BROADWAY), Home Phone, City (SAN DIEGO), State (CA), Zip (92101), Work Phone, Address County (San Diego), and Residence County (San Diego). The Client Type is set to 'Client'.

How to Complete BHS-025 Forms:

1. **Section #1-Requester Information:** Should be completed for BOTH forms. All sections should be completed. The Requester is the person completing the form.
2. **Section #2-Client Information:**
For **Form A** "Client Record" column should be completed as data appears in Core Client Information (CCI). In "Change Client Record TO" column ONLY fill in the sections that need to be changed.
For **Form B** "Client Record A" and "Client Record B" columns should both be completed as data appears in CCI.

To find Medi-Cal Policy # and effective date click on "Insurance Coverages" tab on bottom of page.

Columns should be completed using the CCI (See How to Find CCI instructions above). Columns are completed from TOP to BOTTOM. **DO NOT USE DEMOGRAPHIC FORM OR FACE SHEET.**